



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Ernie Fletcher
Governor

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Mark D. Birdwhistell
Secretary

Glenn Jennings
Commissioner

June 29, 2007

Renard L. Murray, D.M.
Associate Regional Administrator
Centers for Medicare and Medicaid Services
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303-8909

Dear Dr. Murray:

Kentucky Title XIX State Plan Transmittal No. 07-003
Parent Choices

Enclosed for your review and approval is Kentucky Title XIX Transmittal Number 07-003. This plan amendment establishes a new opt-in benefit package, Parent Choices, for Medicaid eligible parents and caregivers who are age nineteen (19) and over, have a dependent child or children residing in the home, and are in need of substance abuse treatment. Parent Choices will be available in forty (40) Kentucky counties, and it will cover all of the same services offered under Global Choices, except that Parent Choices will also cover substance abuse services currently available only to pregnant women and postpartum women up to the sixtieth day after pregnancy ends.

If additional information is needed, please contact my office at 502-564-4321.

Sincerely,

A handwritten signature in black ink, appearing to read "Glenn Jennings".

Glenn Jennings
Commissioner

Enclosure

GJ/NW/SO/SBB

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-0193**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**1. TRANSMITTAL NUMBER:
07-0032. STATE
Kentucky**FOR: HEALTH CARE FINANCING ADMINISTRATION**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
July 1, 2007

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1937 of the Social Security Act7. FEDERAL BUDGET IMPACT:
a. FFY 2007 - \$131,851
b. FFY 2008 - \$527,405

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, page 7.8.4, page 7.8.4.1, page 7.8.4.2, page 7.8.4.3;
Att. 3.1-B, page 34.1, page 34.2, page 34.3, page 34.4;
Att. 3.1-C, page 10.2, page 10.2.1, page 10.24.1, page 10.24.2, page
10.24.3, page 10.25, page 10.41, page 10.42, page 10.439. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

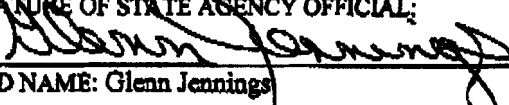
This plan amendment establishes a new opt-in benefit package, Parent Choices, for Medicaid eligible parents and caregivers who are age 19 and over, have a dependent child or children residing in the home, and are in need of substance abuse treatment. Parent Choices, available in 40 Kentucky counties, will cover all of the same services offered under Global Choices, except that Parent Choices will also cover substance abuse services.

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Review delegated
to Commissioner, Department for Medicaid
Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: Glenn Jennings

14. TITLE: Commissioner, Department for Medicaid Services

15. DATE SUBMITTED: June 29, 2007

16. RETURN TO:

Department for Medicaid Services
275 East Main Street 6W-A
Frankfort, Kentucky 40621**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

20.b. Rehabilitative Services for Pregnant Woman and Members of Parent Choices

The following substance abuse services are covered for pregnant and postpartum women for a sixty-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls for treatment of a substance related disorder, excluding nicotine dependence. The following substance abuse services are also covered for members of Parent Choices as defined on Attachment 3.1-C page 10.2. Parent Choices members must reside in the counties specified in Attachment 3.1-C, pages 10.41 through 10.43.

- (1) **Substance abuse assessment.** An assessment is to include the presenting problem, substance abuse diagnosis (if identified) and the development of an initial plan of care.
- (2) **Prevention Services.** The prevention services are designed to reduce the risk that an individual will initiate or continue using alcohol, tobacco, and other drugs during pregnancy, the postpartum period, and afterwards. Services will be delivered through approved protocols that may include pretest and post test surveys, videos with discussion guides, motivational interviewing, participant workbooks, and supportive therapeutic interventions. Services are provided with a face-to-face contact between an individual and a qualified provider, on an outpatient basis and may be delivered in an individual or group setting. Individuals are provided the following services based upon their needs:

(a) **Universal prevention service.**

1. **Targeted audience:** Includes members of the population that exhibits no characteristics or behaviors that place them at greater risk of developing alcohol or drug problems or substance dependence.
2. **Goals and objectives for pregnant women:**
 - a. Continued or increased perceptions of potential harm to the fetus as a result of using alcohol, tobacco or other drugs during pregnancy;
 - b. Continued or increased intentions to not use alcohol, tobacco and other drugs during pregnancy and lactation; and
 - c. Increased ability to recognize signs of postpartum depression and risk for substance abuse following pregnancy.
3. **The goal and objective for Parent Choices members is to minimize the impact of drug, tobacco, and alcohol abuse on the member and their children through abstinence.**
4. **Service limitation:** A substance abuse universal prevention service shall be provided in 1/4 hour increments, not to exceed a total of two (2) hours.

(b) **Selective prevention service.**

1. **Targeted audience:** Includes members of the population that have been identified as having a greater incidence of problems associated with their use and or higher incidences of developing chemical dependence (i.e. Children of Alcoholics, survivors of sexual abuse or domestic violence).
2. **Goals and objectives for pregnant women:**
 - a. Abstinence from alcohol, tobacco and other drugs during pregnancy and lactation;
 - b. Increased commitment to not use during pregnancy and lactation;
 - c. Continued or increased perceptions of potential harm to a fetus when alcohol, tobacco or other drugs are used;
 - d. Increased awareness of personal vulnerability to alcohol or drug dependency or other problems throughout life;
 - e. Attitude changes which support an individual in making low risk choices related to tobacco, alcohol and other drug use during and following pregnancy; and
 - f. Developing skills necessary to make and maintain low risk alcohol and other drug choices throughout life.
3. **The goal and objective for Parent Choices members is to minimize the impact of drug, tobacco, and alcohol abuse on the member and their children through abstinence.**
4. **Service limitation.** A selective prevention service shall be provided in 1/4 hour increments, not to exceed a total of nineteen (19) hours.

20.b. Rehabilitative Services for Pregnant Woman and Members of Parent Choices (continued)

(c) Indicated prevention service.

1. Targeted audience: Includes members of the population that do not have a diagnosis of substance abuse or dependency, but do report actually experiencing some problems related to their use of alcohol and drugs.
2. Goals and objectives:
 - a. Decreased alcohol and other drug use;
 - b. Attitude changes which support an individual in making low risk choices related to alcohol and other drug use;
 - c. A greater readiness for and response to treatment for an individual with a substance abuse related diagnosis who is receiving this service as an adjunct to a substance abuse treatment plan; and
 - d. Increased skills necessary to make and maintain low risk alcohol and other drug use choices during pregnancy and throughout life.
3. Service limitation. An indicated prevention service shall be provided in ¼ hour increments, not to exceed a total of twenty-seven (27) hours.

(d) Qualifications of providers. All of the prevention services are provided by a Kentucky certified preventionist or a Qualified Substance Abuse Treatment Professional (QSATP) with training in prevention strategies and procedures.

(3) Outpatient services.

(a) Outpatient services may include:

1. Individual therapy;
2. Group therapy;
3. Family therapy. This service is counseling provided to an eligible individual and one (1) or more significant others with the primary purpose of which is the treatment of the individual's condition;
4. Psychiatric evaluation provided by a psychiatrist;
5. Psychological testing provided by a psychologist;
6. Medication management provided by a physician or an advanced registered nurse practitioner; and
7. Collateral care. Involves counseling or consultation services provided directly or indirectly to the recipient through the involvement of a person or person's in a position of custodial control or supervision of the individual in the counseling process. Services are to meet the treatment needs of the eligible individual and shall be a part of the individual's treatment plan. Presence of the recipient in the counseling session is not necessarily required. However, when the recipient is present, reimbursement for the collateral counseling and individual or group counseling for the same session is not allowed.

(b) Service limitations.

1. Group therapy.
 - a. There shall be no more than twelve (12) persons in a group therapy session; and
 - b. Group therapy shall not include physical exercise, recreational activities or attendance at substance abuse and other self-help groups.
2. Collateral care shall be limited to individuals under age twenty-one (21) and no more than four and one-half (4.5) hours of service shall be reimbursed during a one (1) month period.
3. No more than eight (8) hours of outpatient services shall be reimbursed during a one (1) week period.

20.b. Rehabilitative Services for Pregnant Woman and Members of Parent Choices (continued)

(4) Day Rehabilitation Services.

- (a) Shall be an array of substance abuse treatment services in a structured program format that is scheduled to take place multiple hours a day, several times a week and may include individual and group therapy, information on substance abuse and its effects on health, fetal development and interpersonal relationships.
- (b) May be covered when provided to an individual in a non-residential setting or as a component of a residential program.
- (c) Service limitations:
 - 1. Reimbursement for a day rehabilitation service provided in a non-residential setting shall be limited to no more than 7 hours per day not to exceed twenty (20) hours per week.
 - 2. Reimbursement for a day rehabilitation service provided in a residential setting shall be limited to no more than 8 hours per day not to exceed forty-five (45) hours per week.
 - 3. Payment shall not be made for care or services for any individual who is a patient in an institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases.
 - 4. Room and board costs shall not be covered under this benefit.

(5) Outpatient and Day Rehabilitation services shall be provided by a qualified substance abuse treatment professional (QSATP) that meets one of the following requirements:

- (a) A certified alcohol and drug counselor; or
- (b) An individual who holds a license or certification in medicine, psychology, social work, nursing, marriage and family therapy, professional counselor, or art therapy with 24 hours of additional training in substance abuse or dependency related problems and information specific to working with the target population; or
- (c) A bachelor's or greater degree with additional training of 45 hours with 12 hours in substance abuse or dependence related problems, 12 hours specific to the target population, 12 hours in prevention strategies and procedures, and the remaining 9 hours may be in one or more of the identified training topics.

(6) Community support services.

- (a) A community support service shall be provided if the service is identified as a need in the individual's treatment plan.
- (b) A community support service shall be a face-to-face or telephone contact between an individual and a qualified community support provider.
- (c) A community support service shall include:
 - 1. Assisting an individual in remaining engaged with substance abuse treatment or community self-help groups;
 - 2. Assisting an individual in resolving a crisis in an individual's natural environment; and

20.b. Rehabilitative Services for Pregnant Woman and Members of Parent Choices (continued)

3. Coaching an individual in her natural environment to:
 - a. Access services arranged by a case manager; and
 - b. Apply substance abuse treatment gains, parent training and independent living skills to an individual's personal living situation.
- (d) A community support provider shall coordinate the provision of community support services with an individual's primary provider of case management services.
- (e) Community support staff qualifications.
 1. A high school diploma or general equivalent diploma.
 2. Two years of supervised experience in substance abuse treatment setting and knowledge of substance abuse related self-help groups.
 3. Twenty hours of training on the dynamics and treatment of substance abuse, recovery issues unique to pregnant women and women with dependent children and HIV positive individuals, strategies to defuse resistance, professional boundary issues that address enabling behaviors and protecting a staff member, who may be a recovering substance abuser, from losing their own sobriety.
- (7) Reimbursement for a substance abuse service shall not be payable for an individual who is a resident in a Medicaid-reimbursed inpatient facility.
 - (a) Reimbursement for services shall be based on the following units of service:
 1. Universal prevention service shall be a one-quarter (1/4) hour unit;
 2. Selective prevention service shall be a one-quarter (1/4) hour unit;
 3. Indicated prevention service shall be a one-quarter (1/4) hour unit;
 4. Outpatient service shall be a one-quarter (1/4) hour unit for the following modalities:
 - a. Individual therapy;
 - b. Group therapy;
 - c. Family therapy;
 - d. Psychiatric evaluation;
 - e. Psychological testing;
 - f. Medication management; and
 - g. Collateral care.
 5. An assessment service shall be a one-quarter (1/4) hour outpatient unit;
 6. Day rehabilitation services shall be a one (1) hour unit;
 7. Case management services shall be a one-quarter (1/4) hour unit; and
 8. Community support shall be a one-quarter (1/4) hour unit.
 - (b) Qualifications of Providers
 1. Services are covered only when provided by any mental health center, their subcontractors and any other qualified providers, licensed in accordance with applicable state laws and regulations.
 2. The provider shall employ or have a contractual agreement with a physician licensed in Kentucky.
 3. A provider must have staff available to provide emergency services for the immediate evaluation and care of an individual in a crisis situation on a twenty-four (24) hour a day, seven (7) day a week basis.

20.b. Rehabilitative Services for Pregnant Woman and Members of Parent Choices

The following substance abuse services are covered for pregnant and postpartum women for a sixty-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls for treatment of a substance related disorder, excluding nicotine dependence. The following substance abuse services are also covered for members of Parent Choices as defined on Attachment 3.1-C page 10.2. Parent Choices members must reside in the counties specified in Attachment 3.1-C, pages 10.41 through 10.43.

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 - (a) **Universal prevention service.**
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 2. **Goals and objectives for pregnant women:**
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 3. **The goal and objective for Parent Choices members is to minimize the impact of drug, tobacco, and alcohol abuse on the member and their children through abstinence.**
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 - (b) **Selective prevention service.**
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 4. **Service limitation.** A selective prevention service shall be provided in 1/4 hour increments, not to exceed a total of nineteen (19) hours.

20.b. Rehabilitative Services for Pregnant Woman and Members of Parent Choices (continued)

(c) Indicated prevention service.

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 - a. Decreased alcohol and other drug use;
 - b. Attitude changes which support an individual in making low risk choices related to alcohol and other drug use;
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 - a. There shall be no more than twelve (12) persons in a group therapy session; and
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3. No more than eight (8) hours of outpatient services shall be reimbursed during a one (1) week period.

20.b. Rehabilitative Services for Pregnant Woman and Members of Parent Choices (continued)

(4) Day Rehabilitation Services.

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- (b) May be covered when provided to an individual in a non-residential setting or as a component of a residential program.
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 - 2. Reimbursement for a day rehabilitation service provided in a residential setting shall be limited to no more than 8 hours per day not to exceed forty-five (45) hours per week.
 - 3. Payment shall not be made for care or services for any individual who is a patient in an institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases.
 - 4. Room and board costs shall not be covered under this benefit.

(5) Outpatient and Day Rehabilitation services shall be provided by a qualified substance abuse treatment professional (QSATP) that meets one of the following requirements:

- (a) A certified alcohol and drug counselor; or
- (b) An individual who holds a license or certification in medicine, psychology, social work, nursing, marriage and family therapy, professional counselor, or art therapy with 24 hours of additional training in substance abuse or dependency related problems and information specific to working with the target population; or
- (c) A bachelor's or greater degree with additional training of 45 hours with 12 hours in substance abuse or dependence related problems, 12 hours specific to the target population, 12 hours in prevention strategies and procedures, and the remaining 9 hours may be in one or more of the identified training topics.

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20.b. Rehabilitative Services for Pregnant Woman and Members of Parent Choices (continued)

3. Coaching an individual in her natural environment to:
 - a. Access services arranged by a case manager; and
 - b. Apply substance abuse treatment gains, parent training and independent living skills to an individual's personal living situation.
- (d) A community support provider shall coordinate the provision of community support services with an individual's primary provider of case management services.
- (e) Community support staff qualifications.
 1. A high school diploma or general equivalent diploma.
 2. Two years of supervised experience in substance abuse treatment setting and knowledge of substance abuse related self-help groups.
 3. Twenty hours of training on the dynamics and treatment of substance abuse, recovery issues unique to pregnant women and women with dependent children and HIV positive individuals, strategies to defuse resistance, professional boundary issues that address enabling behaviors and protecting a staff member, who may be a recovering substance abuser, from losing their own sobriety.
- (7) Reimbursement for a substance abuse service shall not be payable for an individual who is a resident in a Medicaid-reimbursed inpatient facility.
 - (a) Reimbursement for services shall be based on the following units of service:
 1. Universal prevention service shall be a one-quarter (1/4) hour unit;
 2. Selective prevention service shall be a one-quarter (1/4) hour unit;
 3. Indicated prevention service shall be a one-quarter (1/4) hour unit;
 4. Outpatient service shall be a one-quarter (1/4) hour unit for the following modalities:
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 - b. Group therapy;
 - c. Family therapy;
 - d. Psychiatric evaluation;
 - e. Psychological testing;
 - f. Medication management; and
 - g. Collateral care.
 5. An assessment service shall be a one-quarter (1/4) hour outpatient unit;
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 7. Case management services shall be a one-quarter (1/4) hour unit; and
 8. Community support shall be a one-quarter (1/4) hour unit.
 - (b) Qualifications of Providers
 1. Services are covered only when provided by any mental health center, their subcontractors and any other qualified providers, licensed in accordance with applicable state laws and regulations.
 2. The provider shall employ or have a contractual agreement with a physician licensed in Kentucky.
 3. A provider must have staff available to provide emergency services for the immediate evaluation and care of an individual in a crisis situation on a twenty-four (24) hour a day, seven (7) day a week basis.

Attachment 3.1-C**Page 10.2****ALTERNATIVE BENEFITS**

**STATE PLAN AMENDMENT
BENCHMARK BENEFIT PACKAGE
BENCHMARK EQUIVALENT BENEFIT PACKAGE**

Aged individuals who receive SSI and meet ICF MR DD level of care and are in hospice	Up to 74%
Disabled individuals who receive SSI and meet ICF MR DD level of care and are in hospice	Up to 74%
Aged individuals who do not receive SSI and meet ICF MR DD level of care	Up to 221%
Disabled individuals who do not receive SSI and meet ICF MR DD level of care	Up to 221%
Aged individuals who do not receive SSI and meet ICF MR DD level of care and are in hospice	Up to 221%
Disabled individuals who do not receive SSI and meet ICF MR DD level of care and are in hospice	Up to 221%

Parent Choices which means parents or specified relatives who are age nineteen (19) and over, in need of substance treatment, have a dependent child or children residing in the home, and are covered pursuant to:

42 CFR 435.310

42 CFR 435.110

42 CFR 435.115

Section 1902 (a)(10)(A)(i)(I) of the Act

Section 1902 (a)(10)(A)(i)(V) of the Act

Section 1902 (a) (10)(A)(ii) of the Act

Section 1925 of the Act

Parent Choice members must also reside in the counties specified on Attachment 3.1-C page 10.41 of the state plan.

TN No. 07-003

Supersedes

TN No. 06-010

Approval Date _____

Effective Date 7/1/2007

Attachment 3.1-C
Page 10.2.1

ALTERNATIVE BENEFITS

**STATE PLAN AMENDMENT
BENCHMARK BENEFIT PACKAGE
BENCHMARK EQUIVALENT BENEFIT PACKAGE**

Caretaker relatives with children under age 18 who receive TANF payments.	Up to 25%
Caretaker relatives with children under age 18 who would have been eligible for the former AFDC program, using the AFDC criteria in effect on July 16, 1996.	Up to 105%
Caretaker relatives with children under age 18 who received TANF payments but lost eligibility due to new or increased earnings, who receive time-limited benefits up to 12 months.	Up to 185%
Caretaker relatives with children under the age of 18 who are technically eligible for TANF funds due to deprivation, but are over the income limit and gain eligibility through spend down.	Up to 30%

Employer Sponsored Insurance (ESI):

Except for the following exclusions, ESI will be available to all members who elect ESI coverage. Individuals excluded from the ESI option include all children, including but not limited to, those covered pursuant to:

Section 1634(c) and 1634(d)(2) of the Act;
 Sections 1902(a)(10)(A)(i)(I) and 1931 of the Act;
 Section 1902(a)(10)(A)(i)(II) of the Act;
 Sections 1902(a)(10)(A)(i)(IV) as described in 1902 (I)(1)(B) of the Act;
 Sections 1902(a)(10)(A)(i)(VI) as described in 1902 (I)(1)(C) of the Act;
 Sections 1902(a)(10)(A)(i)(VII) as described in 1902 (I)(1)(D) of the Act;

TN No. 07-003
 Supersedes
 TN No. New

Approval Date _____

Effective Date 7/1/2007

ALTERNATIVE BENEFITS
STATE PLAN AMENDMENT
BENCHMARK BENEFIT PACKAGE
BENCHMARK EQUIVALENT BENEFIT PACKAGE

Parent Choices Benefit Plan

The following table outlines the benefit package for Parent Choices. The cost sharing requirements listed in this benefit grid will apply to all members of Parent Choices. For the Parent Choices populations, these cost sharing requirements shall supersede any other cost sharing requirements described elsewhere in the state plan.

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins	Co-pay	
Prescription Drugs		X	X	<p>\$1 for each generic drug or atypical antipsychotic drug that does not have a generic equivalent; \$2 for each preferred brand name drug that does not have a generic equivalent and is available under the supplemental rebate program; or 5% co-insurance or not to exceed \$20 for each non-preferred brand name drug. The Department for Medicaid Services (DMS) shall reduce a pharmacy provider's reimbursement by \$1 for each generic drug, atypical antipsychotic drug that does not have a generic equivalent, or preferred brand name drug; DMS shall reduce a pharmacy provider's reimbursement by 5% of the cost or not to exceed \$20 of each non-preferred brand name drug dispensed.</p> <p>A cap of \$225 per calendar year (January 1 – December 31) per recipient will apply to prescription drug co-payments. Additionally, the maximum amount of cost sharing shall not exceed 5% of a family's total income for a quarter. The average payment per prescription drug is \$51.88 for FY 2005.</p>
Audiology				\$0.00
Chiropractor			X	<p>\$2.00 for each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a chiropractic service is \$39.60 in FY 2005. Coverage of chiropractic services shall be limited to twenty-six (26) visits per recipient per twelve (12) month period.</p>
Dental			X	<p>\$2.00 for each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a dental service is \$128.27 in FY 2005.</p>
Hearing Aid Dealer				<p>A co-payment will not be imposed on hearing aids. However, members will be limited to \$800 maximum per ear every 36 months; 1 hearing aid evaluation per year (by audiologist); 1 complete hearing evaluation per year (by audiologist); 3 follow-up visits within 6 months following 1 additional follow up at least 6 months following fitting of hearing aid. Hearing coverage is limited to an individual under age twenty-one (21).</p>
Podiatry			X	<p>\$2.00 for each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for a podiatry service is \$61.02 in FY 2005.</p>

*CPT codes 92002, 92004, 92012, and 92014.

**CPT codes 99201, 99202, 99203, 99204, 99211, 99212, 99213, and 99214

TN No.: 07-003

Supersedes

TN No.: None

Approval Date: _____

Effective Date: 07/01/07

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Service	Type of Charge Deduct. Coins Co-pay	Amount and Basis for Determination
Optometry*	X	\$2.00 for each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment to an optometrist for a general ophthalmological service is \$44.02 in FY 2005.
General ophthalmological services*	X	\$2.00 for each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for an ophthalmological service is \$29.84 in FY 2005.
Eyewear		A co-payment will not be imposed on eyewear. However, members will be responsible for any eyewear charges over \$200 per year. Eyewear coverage is limited to an individual under age twenty-one(21).
Office visit for care by a physician,** physician's assistant, advanced registered nurse practitioner, certified pediatric and family nurse practitioner, or nurse midwife	X	\$2.00 per each visit. The average payment for this service is \$37.12 in FY 2005. DMS shall reduce a provider's reimbursement by \$2.00.
Physician Service	X	\$2.00 per each service. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$37.12 in FY 2005.
Visit to a rural health clinic, primary care center, or federally qualified health center	X	\$2.00 per each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$39.21 in FY 2005.
Outpatient hospital service	X	\$3.00 for each visit. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$211.55 in FY 2005.
Emergency room visit for a non-emergency service	X	3% co-insurance not to exceed \$6 for each visit. DMS shall reduce a provider's reimbursement by the amount of co-insurance. The average payment for this service is \$190.77 in FY 2005.
Inpatient hospital admission	X	\$50.00 per admission. DMS shall reduce a provider's reimbursement by \$50.00. The average payment for this service is \$2512.78 in FY 2005.
Physical Therapy	X	\$2.00 per each visit. DMS shall reduce a provider's reimbursement by \$2.00. The average payment for this service is \$25.14 in FY 2005.
Speech, Hearing, Language Therapy	X	\$1.00 per each visit. DMS shall reduce a provider's reimbursement by \$1.00. The average payment for this service is \$20.85 in FY 2005.
Durable Medical Equipment	X	3% co-insurance per service, not to exceed \$15 per month. DMS shall reduce a provider's reimbursement by the amount of co-insurance or \$15 if applicable. The average payment for this service is \$96.68 in FY 2005.

*CPT codes 92002, 92004, 92012, and 92014.

**CPT codes 99201, 99202, 99203, 99204, 99211, 99212, 99213, and 99214

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Service	Type of Charge		Amount and Basis for Determination
	Deduct.	Coins Co-pay	
Ambulatory Surgical Center		X	\$3.00 for each visit. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$528.76 in FY 2005.
Laboratory, diagnostic, or x-ray service		X	\$3.00 for each visit. DMS shall reduce a provider's reimbursement by \$3.00. The average payment for this service is \$48.11 in FY 2005.
			A cap of \$225 per calendar year (January 1 - December 31) per recipient will apply to co-payments for services under state regulation. Additionally, the total aggregate amount of cost sharing shall not exceed 5% of a family's total income for a quarter as allowed under Section 1916A of the Social Security Act. The state will enforce the cap that is the least of each family's total income as stated on Attachment 4.18-F page 3.

- B. The following shall not be subject to a copayment:
- (a) Individuals excluded in accordance 42 CFR 447.53.
 - (b) A service provided to a recipient who has reached his or her 18th birthday but has not turned 19.
 - (c) Individuals who are pregnant.
 - (d) Individuals receiving hospice service.
- C. Services included and related to established age and periodicity screenings pursuant to Centers for Disease Control guidelines shall not be subject to co-pays.

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Disease Management and Get Healthy Benefits

Kentucky Medicaid will offer the following disease management programs described on pages 10.26 through 10.43.

- Diabetes Initiative
- COPD/Adult Asthma Initiative
- Pediatric Obesity Initiative
- Cardiac – Heart Failure Initiative
- Pediatric Asthma Initiative
- Parent Choices and Substance Abuse

Medicaid members may select from one of the following Get Healthy Benefits upon successful participation for one year in a disease management program and completion of a Centers for Disease Control and Prevention recommended age and periodicity screening guidelines:

- Limited allowance for dental services not to exceed \$50
- Limited allowance for vision hardware services not to exceed \$50
- Five visits to a nutritionist (registered dietician) for meal planning and counseling
- Two months of smoking cessation through a local health department, including two months of nicotine replacement therapy

Members will have six months after selecting a Get Healthy Benefit to access the benefit. Failure to access the benefit in within six months will result in loss of the benefit.

Additionally, any individual who no longer participates in the Medicaid program will be immediately ineligible to access a Get Healthy Benefit.

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Parent Choices and Substance Abuse**Program Description**

The Parent Choices benchmark was created for the following purpose:

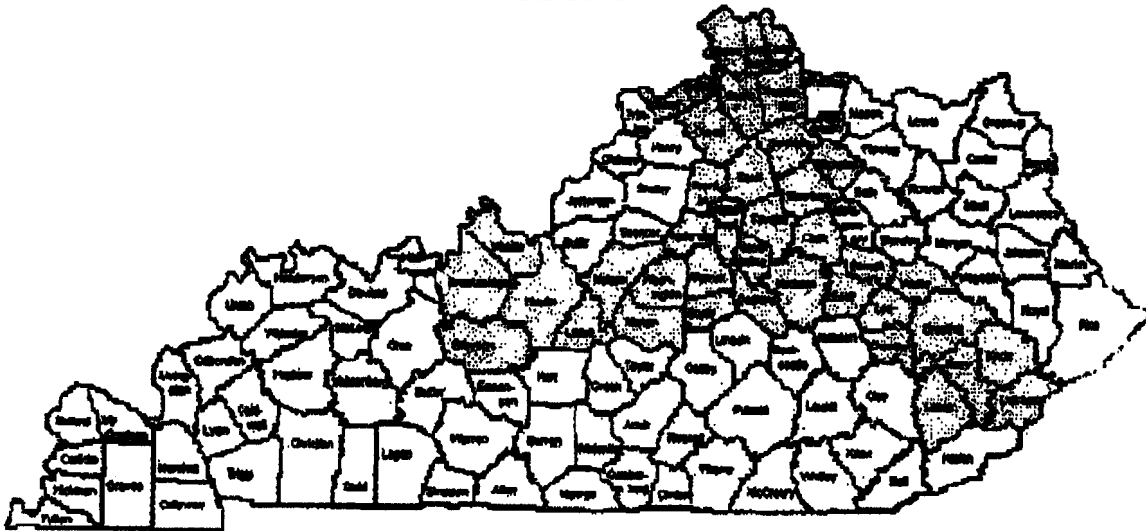
- To build on the current services for pregnant and postpartum women by making substance abuse treatment available to parents and caregivers as described on Att. 3.1-C, page 10.2-10.2.1.
- To contribute policy support to plans for treating co-occurring conditions by serving women who present with complex co-occurring disorders.

This initiative targets parents and caregivers age nineteen (19) years and older. The counties selected to participate in the pilot include the following: Anderson, Boone, Bourbon, Boyle, Breathitt, Breckinridge, Campbell, Carroll, Clark, Estill, Fayette, Franklin, Gallatin, Garrard, Grant, Grayson, Hardin, Harrison, Jessamine, Kenton, Knott, Larue, Lee, Leslie, Letcher, Madison, Marion, Meade, Mercer, Nelson, Nicholas, Owen, Owsley, Pendleton, Perry, Powell, Scott, Washington, Wolfe, and Woodford.

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**Summary Data and Map
Parent Choices and Substance Abuse
Member Population = Females and Males with an age range age 19 and over
CY 2006**



ANDERSON	227	13
Boone	962	210
Bourbon	329	40
Boyle	472	180
Breathitt	523	79
Breckinridge	397	32
Campbell	1215	220
Carroll	164	36
Clark	753	111
Estill	542	40
Fayette	3283	2456
Franklin	675	183
Gallatin	197	10
Garrard	329	29

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Grant	586	19
Grayson	547	73
Hardin	1532	348
Harrison	324	48
Jessamine	848	39
Kenton	2516	540
Knott	547	19
Larue	236	8
Lee	290	18
Leslie	429	51
Letcher	858	95
Madison	1357	219
Marion	302	61
Meade	393	29
Mercer	361	28
Nelson	733	84
Nicholas	160	25
Owen	181	28
Owsley	219	13
Pendleton	245	7
Perry	985	277
Powell	437	24
Scott	726	86
Washington	145	20
Wolfe	294	26
Woodford	260	49
	25,579	5,873